



Please read and complete these forms prior to your appointment with our office.
If you have a gift certificate or coupon, please present them to your therapist with these forms.

We accept Cash/Check/Visa/MC/Discover

Gratuities cannot be added to credit card transactions.



CONFIDENTIAL INTAKE FORM

Welcome, we want to make your appointment as pleasant and as comfortable as possible. Please feel free to ask questions regarding your visit at any time. Please print clearly

For Office Use:
Therapist:
RB:

Name: Date:
First Middle Initial Last

Address: City/State/Zip

Email: Phone #:

Date of Birth: M F Work # Cell #

Occupation: Would you like to receive newsletters & discount offers: Yes No
(Primarily done through email)

How were you referred to our office?

- Yellow Pages: (which one)
Advertisement: (list)
Sign
Web-site
Other/person: (Who)
Event

CANCELLATION POLICY:

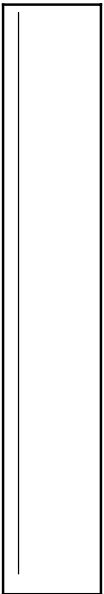
Our time together is important. Unless there is an emergency, it is requested that you cancel your appointment 24 hours in advance or pay the missed appointment fee:

- Gift Certificate forfeited if missed or cancelled less than 24 hours
1st cancellation/missed is 1/2 the appointment fee charged
2nd cancellation/missed full appointment fee charged

I have read and understand this policy (client's initials)

Health History Intake

Confidential Information



Name: _____ **Date of Birth:** ____ / ____ / ____
First M. I. Last

Have you ever received massage therapy before? Yes ___ No ___ Type? _____

What type of pressure do you prefer? Light ___ Moderate ___ Deep ___ Not sure ___

What are your expectations/goals for this massage session?

Relaxation/Stress Reduction ___ Stimulate/Increase energy ___
 Injury/Chronic Pain Management ___ Flexibility/Posture Training ___

Pre-event ___ Sport: _____ Date of Competition _____
 Post-event ___ Sport: _____ Date of Competition _____

Have you had any recent surgeries? _____ (within the last 2 years)
 Explain: _____

Is there any chance you might be pregnant? Yes ___ No ___ 1st ___ 2nd ___ 3rd ___ Trimester

DO YOU HAVE A HISTORY OF THE FOLLOWING? (circle)

- | | |
|----------------|---------------------|
| Abdominal pain | Fibromyalgia |
| Accident | Headaches Heart |
| Allergies | Disease |
| Arthritis | High Blood Pressure |
| Bursitis | HIV |
| Gout | Joint Pain |
| Broken bones | Low Back Pain |
| Blood Clots | Mid Back Pain |
| Cancer Colitis | Nervous Tension |
| Diabetes | Sprains/Strains |
| Disc problems | Stroke/Seizures |
| | Varicose Veins |

PLEASE INDICATE YOUR CONSUMPTION:

	None	Light	Moderate	Heavy
Salt	___	___	___	___
Sugar	___	___	___	___
Caffeine	___	___	___	___
Tobacco	___	___	___	___
Alcohol	___	___	___	___
Water	___	___	___	___
Exercise	___	___	___	___

DO YOU HAVE ANY OF THE FOLLOWING TODAY?

- | | | |
|-----------------|--------------|---------------------|
| Sunburn | Inflammation | Severe Pain |
| Cold/Flu | Skin Rash | Open cuts, bruises, |
| Strains/Sprains | | Burns |

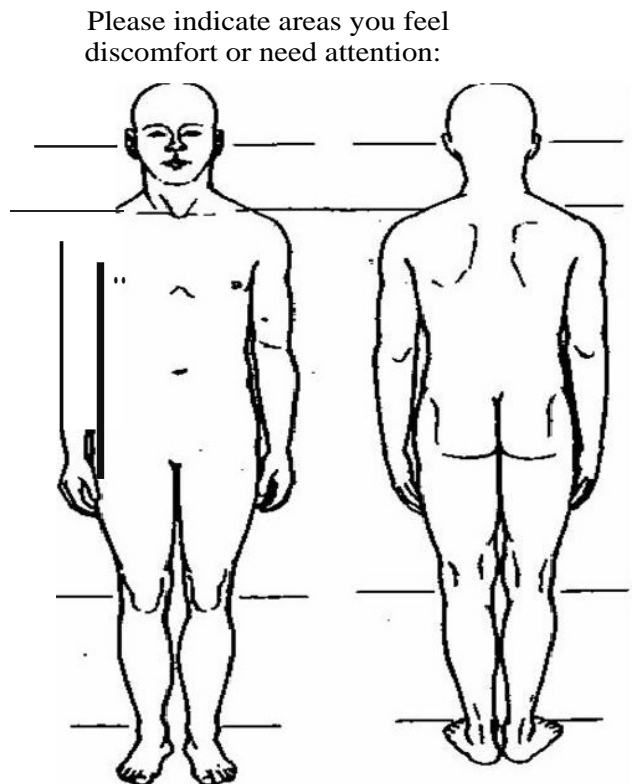
Medications: _____ Reason: _____

Primary Physician _____
 Orthopedic _____
 Chiropractor _____

PLEASE READ AND SIGN BELOW:

- I understand that this massage is not a replacement for medical care and that no diagnosis will be made.
- I will inform my therapist of any changes in my health or medications prior to each session.
- I am responsible for paying for any missed appointment or cancellation less than 24 hours.

Signature: _____ **Date:** _____





At Back in Balance, our goal is to provide you with competent and professional services at each visit. Our therapists are NYS licensed and hold advanced certifications in their areas of expertise. The following information will help make the most of your massage therapy sessions.

Our requirements of our clients:

1. Be clean, having showered the same day as your session.
2. Plan to arrive 10 minutes early for the first session.
3. Do not eat a heavy meal less than two hours prior to the treatment.
4. Clients are draped with a sheet or towel at all times during the session. Only parts of the body being worked on are exposed at any time.
5. Sessions begin and end at scheduled times. Sessions begun late due to the client arriving late will end at the appointed time and are full price.
6. Be present (not under the influence of any alcohol or drugs).
7. Clients complete a health history prior to first session and update when needed.
8. If cancellation is necessary, please give 24-hour notice or you will be charged for your scheduled session unless it can be filled. Emergency cancellations are determined at the practitioner's discretion. Please refer to cancellation policy.
9. Payment is expected at the time service is rendered unless other arrangements have been made prior to the treatment. Gift Certificates/Coupons must be presented at your session, otherwise payment is expected.
We accept cash, check, MasterCard/ Visa/Discover (gratuities cannot be added to credit card transaction.)
10. Staff is not responsible for personal items left/lost or damaged at Back in Balance.
11. Sexual harassment is not tolerated. If the practitioner's safety feels compromised, the session is stopped immediately and full fee is charged.

Inappropriate behavior of any kind will not be tolerated

What our clients can expect from us:

1. Clients are treated with respect and dignity.
2. Treatments are customized to fit each client's needs.
3. Accurate records are kept and reviewed prior to each session.
4. We respect all clients regardless of their age, gender, race, national origin, sexual orientation, socio-economic status, body type, political affiliations
5. Equipment and supplies are clean and safe.
6. Personal and professional boundaries are respected at all times.
7. Privacy and confidentiality are always maintained.

*Thank you for choosing Back in Balance Therapeutic Massage, LLC.
We look forward to seeing you very soon.*